Planning Department
324 S Berthe Avenue, Callaway, FL 32404
Phone (850) 871-1033
www.cityofcallaway.com

MOBILE HOME APPLICATION
INDIVIDUAL LOT
DEVELOPMENT ORDER APPLICATION

Incomplete submittals will not be reviewed.
The Building Department requires separate forms and fees to obtain building permits.
The address of the property must be posted prior to submittal.

1._____ Complete set of plans drawn to scale including: (Building Department only accepts digital copies)

- A site plan with square feet of living space, total square feet of structure, impervious surface, and setbacks. Setbacks are measured from the building (not including overhang) to property line.
- Floor plan indicating all bearing walls, number of water fixtures and exterior hose bibs

2._____ New address letter from Bay County (if applicable)

3._____ Complete water and sewer allocation application

4._____ Complete utility service application (include a copy of current photo ID)

5._____ Complete driveway and piping permit application

6._____ Completed transportation impact fee worksheet

7._____ Copy of a deed or other proof of ownership, rental agreement, or lease

_____ _____
Applicant Phone

_____ _____
Project address Date

<u>Old Mobile Home</u> – must be Wind Zone II or above, no outside damage and will have to be inspected by Callaway staff.

Bathroom Fixtures	Kitchen Fixtures	Misc. Fixtures
_____Sinks	_____Sinks	_____Washing machine
_____Toilets	_____Dishwasher	_____Hose hookups
_____Showers	_____Ice maker	_____Service sink
_____Tubs	_____Other_____	_____Other_____

Make/model: _____ Single wide: _____ Double wide: _____

Number of bedrooms: _____

<u>New Mobile Home</u>

Bathroom Fixtures	Kitchen Fixtures	Misc. Fixtures
_____Sinks	_____Sinks	_____Washing machine
_____Toilets	_____Dishwasher	_____Hose hookups
_____Showers	_____Ice maker	_____Service sink
_____Tubs	_____Other_____	_____Other_____

Make/model: _____ Single wide: _____ Double wide: _____

Number of bedrooms: _____

Lot square footage: _____ Dwelling square footage: _____

Driveway square footage: _____ Accessory building square footage: _____

Pool square footage: _____ Patio/deck square footage: _____

Setbacks
(The distance between the property line and the building, not including overhang)

Front: _____ (20' minimum) Left: _____ (5' minimum)

Right: _____ (5' minimum) Rear: _____ (15' minimum or 20' if abutting a street)

Corner: _____ (10' minimum on the side abutting the street)

Building height in feet: _____ Floor area ratio: _____

Note: City of Callaway Ordinance 939 requires all mobile homes and/or manufactured homes to have skirting.

Public Works Department
324 S Berthe Avenue, Callaway, FL 32404
Phone (850) 871-1033
www.cityofcallaway.com

APPLICATION FOR WATER/SEWER ALLOCATION

( ) Water Only
( ) Sewer Only
( ) Water/Sewer

( ) Residential
( ) Commercial
( ) Irrigation Meter

Date: _____

Name: _____

Address: _____

Phone: _____

Project Information

Project address: _____
(If different from above address)

Is this project located within the city limits of Callaway? ( ) YES ( ) NO

Will an irrigation system be installed on the property? ( ) YES ( ) NO

*If yes, complete the following:

** *Number of rotating sprinkler heads:*_____
** *Number of non-rotating sprinkler heads:*_____
** *Number of hose bibs:*_____ *Size:*_____
** *Unless otherwise specified, a ¾" irrigation meter will be used for estimating price.*

*If no, complete the following:

** *Number of hose bibs:*_____ *Size:*_____

Additional Information Required:

*** A complete set of blue prints or working drawings indicating all water fixtures within or outside the building. This includes dishwasher, hose bibs, and icemakers.*
*** A site plan.*
*** Additional certifications, plans and permits maybe required for construction in specific areas.*

Applicant acknowledges receipt of this application or any of the attached documents by the City of Callaway does not constitute a grant or reservation of sewer allocation or the approval of the application by the City.
Applicant acknowledges responsibility to pay all costs and expenses incident to the installation and connection of the building water/sewer. Applicant shall indemnify the City from any loss or damage that may directly or indirectly be occasioned by the installation of the building utility. Fees may include, but shall not be limited to labor, equipment, material, engineering, permitting, connection, and deposit and impact fees. I understand the connection fees are *NON-REFUNDABLE*.

For any application outside the city limits, a *25%* surcharge will be added to the total connection/impact fees for service.

Note: If other governmental permits are required additional time and cost may be incurred to obtain these permits.

All impact fees incurred must be paid at the time of the connection fees.

I have read and understand the information described in this application.

Applicant's signature: _____ Date: _____

CITY OF
Callaway
FLORIDA

"East Bay at its Best"

Utility Billing Department
6601 E Hwy 22, Callaway, FL, 32404
Phone (850) 871-6000
www.cityofcallaway.com

UTILITY SERVICE APPLICATION INFORMATION

- **Present your photo ID, military ID or any other valid photo ID**
- **A copy of <u>either</u>: documented proof of ownership; a signed lease agreement with owner/tenant signature; valid sales agreement; signed realtors listing agreement.**
- **A secondary name may be added to a customer's account with equal access and authority. Both account holders will be equally responsible for any unpaid balance**
- **There is a non-refundable account fee of <u>$40.00</u>**
- **Current deposit amount: <u>$250.00</u> *(HOUSE METER)***
- ***Current deposit amount: <u>$100.00</u> (Irrigation Meter)***
- **If an applicant has a past due balance owed to the city for prior service at any location, that balance must be paid in full**
- **Complete applications with legible supporting documents are accepted by email or in person.**
- **Incomplete applications will not be processed**
- **Same day connections are available if received by 3:00 P.M.**

NOTE: When the water meter is unlocked and turned on and there's water running on the premises, the city technician will turn the meter back off but will leave the meter unlocked so the occupant can turn the water on. If the technician is required to make a second service call to turn the meter on, a $10.00 service charge must be paid prior to technician being sent.

City of Callaway
6601 E Hwy 22
Callaway, FL 3240
(850)871-6000

Account#_____

Billing Cycle _____

New Account Disclosure Form

1. I will receive my first bill on or around the 5th of the month. Should I not receive a bill, it is my responsibility to contact the Utility Billing Department. Whether I receive a bill or not, I understand it is a monthly utility service being provided that is due by 5:00 p.m. on the 15th of each month.

2. I have until 5:00 p.m. on the **15th** (excluding City observed Holidays and weekends) **to pay my bill without a 15% penalty**. If my account is unpaid by the end of business day on the **25th**, my account is subject to **disconnection on the 26th** (excluding City observed Holidays and weekends). Payments received after 5:00 p.m. on the 25th will automatically be charged a $50.00 delinquency fee. I understand if my services are disconnected, the account balance is due in full prior to being reconnected.

3. To pay my bill: I can mail a payment using the enclosed envelope with my bill, put a payment in the night drop box in the parking lot at the City Hall Building, or Public Works. Pay with a debit/credit card or e-check by calling 1-(850)871-6000 or by visiting www.cityofcallaway.com. The Utility Billing Department can be reached by calling (850)871-6000 option 1, Monday through Friday 8 a.m. to 5 p.m. (excluding City observed Holidays).

4. The City of Callaway requires a deposit(s) on all accounts. Deposit amount due varies by location, services provided and if the account is commercial or residential. Deposits are held in a non-interest-bearing account and returned to account holder after final billing. When service is terminated, the deposit on the account will be applied towards any outstanding balance. If there is no balance due or a credit remains, a refund check will be mailed to the address provided after the final billing has occurred. Any unpaid balance is subject to collections by an outside debt collection company if not paid.

5. Returned payments will be charged a $25.00-$40.00 returned item fee. Unpaid returns must be paid with Certified funds within two business days to avoid disconnection. Habitual returns could result in a "cash only" account status.

6. In the event City of Callaway Utility service equipment is found altered, willfully damaged, tampered with or the like, causing unauthorized usage, the city will disconnect utilities immediately and may impose a tampering fee and require all damages, fees, labor and materials to be paid in full prior to restoration of utility service.

7. Should you choose to receive assistance to pay your current utility bill from an agency, upon your own initiation and discretion, communication with the City of Callaway Utility Billing Department is vital to avoid an interruption of your utility service. **Please understand, most agencies have an extensive vetting process for approval of aid. You will need to consider their requirements and process time when seeking assistance. Failure to initiate aid in a timely manner does not preclude late fees or disconnection of utilities**. When receiving aid, whether it be in cash, check, credit card or voucher form, that submittal to the city must be received by 5:00 p.m. on the 25th of each month to avoid disconnection of utilities. If a voucher for payment is provided, the City of Callaway agrees to accept the voucher as a form of payment, pending receipt of the actual item.

By signing you acknowledge, understand, and agree to abide by the above disclosures.

Signature(s) _____ Date: _____

Signature(s)_____ Date: _____

Amount paid: $_____ Cash/Check # _____ Credit _____

Date: _____ CSR Initials: _____

Utility Billing Department
6601 E Hwy 22, Callaway, FL, 32404
Phone (850) 871-6000
www.cityofcallaway.com

UTILITY SERVICE APPLICATION

PLEASE PRINT OR TYPE

Primary Account Name: _____
Last *First* *Middle*

Secondary Account Name: _____
Last *First* *Middle*

Service Address: _____

Mailing Address: _____
(If different than service address) *City* *State* *Zip Code*

Driver's License: _____
State *Number*

Date of Birth: _____ Primary Phone: _____ Secondary Phone: _____

Email (*Optional*): _____

Employment: _____

Date for Service to Begin: _____ Check One Box: ☐ Unlock Meter Only OR ☐ Turn on Meter
(You must choose one)

Read statement below, sign and date application

I, the undersigned applicant, for water/sewer/solid waste service state that the information provided on this application is true and correct to the best of my knowledge. I understand services start per purchase date or lease commence date unless otherwise stated on legal documented agreement. I understand that all charges are due as billed and accept total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance. I am also responsible for any damages done to any meters at this location by me or anyone else. I consent that water services provided at the service location may be turned on without applicant or applicant's representatives present. Applicant further agrees to hold the City of Callaway and its employees HARMLESS of authorizations made on behalf of account holder or a secondary account holder and or should the property, building(s) or premises incur damage as a result of water connection.

Attached hereto is my (check one): ____ proof of ownership ____ lease agreement ____ sales agreement ____ signed realtor's listing.
Also attached is a legible copy of valid id (check one): ____ driver's license ____ military id ____ state id.

Date: _____ Applicants' Signature: _____

Date: _____ Secondary Applicants' Signature: _____

CSR: _____ *PAYMENT METHOD:* _____ *LAST FOUR OF CREDIT CARD:* _____

DATE: _____ *TIME:* _____

COMMENTS _____

Revised 9/11/25
Effective 10/1/25

Public Works Department
324 S Berthe Avenue, Callaway, FL 32404
Phone (850) 871-1033
www.cityofcallaway.com

DRIVEWAY AND PIPING PERMIT

I, _____, of (address) _____
request permission for the construction of the following on the City of Callaway right-of-way at:

Address of project: _____ Phone: _____

- **Copy of deed or other proof of ownership is required**

Description of project: _____

- ☐ New Residential
- ☐ Existing Residential
- ☐ Driveway Only
- ☐ Storm water Pipe

Will you be purchasing sod? YES: _____NO: _____. The City of Callaway will lay the sod upon completion of all groundwork for existing residential only. The purchase of sod is optional.

- The driveway shall be constructed in accordance with the City of Callaway specifications.
- For traffic access area installation shall be with Reinforced Concrete Pipe (RCP) only.
- For the remainder of the ditch not directly under the driveway path, High Density Polyethylene Pipe may be used instead of RCP.
- The City of Callaway, Public Works Department shall assign the diameter of the pipe.
- The property must have an address posted and the construction area must be flagged for pipe to be delivered.
- For a previously undeveloped lot, the FULL extent of the ditch must be piped in before the City will issue a Certificate of Acceptance.
- This permit will only be valid for 90 days from date of the application and a new permit will be required if the date is beyond 90 days from receipt.

The applicant shall save and keep the City of Callaway harmless from all damages, claims, or injuries that may occur by reason of this construction of said facility.

The applicant binds and obligates himself to conform to the above description and attached sketch and to abide by the driveway regulations stated above.

All driveway and piping permit fees shall be paid prior to issuance of any permit and prior to the commencement of any work by the City of Callaway. Price of the material may be subject to change.

_____ _____
Signature of applicant Date

TO BE COMPLETED BY THE STREET SUPERINTENDENT

Permit fee:

Driveway $_____

Ditch $_____

Concrete Pipe:
Pipe diameter: _____inches at_____ linear feet =$_____

HDPE Pipe:
Pipe diameter: _____inches at _____ linear feet =$_____

SUBTOTAL $_____

Sod sq. ft.: _____Pallets: _____ **SOD** $_____

TOTAL $_____

Signature of Street Supervisor: _____Date notified: _____

Notified by: _____

INSPECTION REPORT
(Contractors Only)

Representative of contractor installing pipe. Name: _____
Please Print

Phone: _____

COMMENTS: _____
_____
_____
_____

Passed inspection: _____ Failed inspection: _____
_____Need a storm inlet
_____More dirt on the Right of Way
_____Pipe too high
_____Pipe too low
_____Pipe joints not sealed

Inspector signature and title: _____

**For a previously undeveloped lot, the FULL extent of the ditch must be piped in before the City will issue a Certificate of Acceptance.

**The city will not provide any equipment or material for work on the site. The City of Callaway must be called within 24 hours of work completion for a final inspection.

The applicant will save and keep the City of Callaway harmless from all damages, claims, or injuries that may occur by reason of this construction of said facility.

The applicant binds and obligates himself to conform to the above description and attached sketch and to abide by the driveway regulations stated above.

All driveway and piping permit fees must be paid prior to the issuance of a Certificate of Acceptance and prior to the commencement of any work by the City of Callaway. Price of the materials is subject to change.

_____ _____
Signature Date

City of Callaway
Transportation Impact Fee Worksheet
Residential Uses

Applicant: _____ **Property Address:** _____

ITE Code:	Select Land Use Type:	Check which Applies:	# of Unit(s):
210	Single Family Detached (Includes Mobile Homes and Manufactured Homes on Single Family Lots)	( )	____
220	Multi-Family Unit	( )	____
230	Attached Residential	( )	____
240	Mobile Home Park (Per Lot)	( )	____

Development Application Checklist

_____1. Development order application

_____2. Address application (Bay County, if applicable)

_____3. Driveway and piping permit application

_____4. Water and sewer allocation application

_____5. Customer service application (include a copy of current photo ID)

_____6. Transportation impact fee worksheet

_____7. V Zone Certificate (if applicable)

_____8. All parcels over 1 acre in size will need to submit an erosion and sedimentation control/waste control plan (NPDES)

_____9. Complete set of plans to include:

- site plan
- foundation plan
- floor plan
- elevations
- wall section foundation through the roof (drawn to scale)

_____10. Complete building permit application

_____11. Flood Elevation Certificate (if applicable)

_____12. Energy forms

_____13. Notice of commencement

- **Building Department only accepts digital copies of plans.**
- **All applicable fees must be paid to the City of Callaway before issuance of any permits.** (The building department will have their own fees due at time of permitting)

EPCI
BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

DATE: _____ **Permit #**_____ **Permit Fee**_____

OWNER'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

STATE LICENSE NUMBER: _____ COMPETENCY CARD # _____

ADDRESS OF PROJECT: _____

PROPOSED USE OF SITE: _____

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER?
___YES ___NO

PROPERTY PARCEL ID # _____

LEGAL DESCRIPTION OF PROPERTY: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____
MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROBIDER: _____ SEWER SYSTEM PROVIDER:_____

PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a

separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILDING:

___Single Family	___Townhouse	___Commercial	___Industrial
___Duplex	___Swimming Pool	___Storage	___Sign
___Multi-Family	___Demolition	___Other	

___Addition, Alteration or Renovation to building._____

Distance from property lines: Front _____Rear _____ L. Side _____
R. Side_____
Cost of Construction $ _____Square Footage _____
EPI _____Flood Zone _____Lowest Floor Elevation _____
Area Heated/Cooled _____# Of Stories _____# Of Units _____
Type of Roof _____Type of Walls _____ Type of Floor _____
Extreme Dimensions of: Length _____Height _____Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of $2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: **EPCI:** The Callaway Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER'S AFFIDAVIT: I herby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

_____	_____
Signature of Owner or Agent	Signature of Contractor
Date: _____	Date: _____
_____	_____
Notary as to Owner or Agent	Notary as to Contractor
My Commission expires: _____	My Commission expires: _____

APPLICATION APPROVED BY: _____ BUILDING OFFICIAL.